Approved for use through 7/31/2006. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

| Under the Paperwork Re                      | duction Act of 1995, n                  |                        |                  |                    | rmation unle           |      | ays a valid OMB o  |                 |
|---|---|------------------------|------------------|--------------------|------------------------|------|--------------------|-----------------|
|   | Substi                                  | tute for Form PT       | O-875            |                    |                        |      | <u> 11994</u>      | KOYX            |
| С   | LAIMS AS FILED<br>(Column 1)            |                        | olumn 2)         | SMALL E            | NTITY                  | OR   | OTHER<br>SMALL     |                 |
| FOR   | NUMBER FILED                            | NUMBI                  | ER EXTRA         | RATE               | FEE                    |      | RATE               | FEE             |
| BASIC FEE<br>(37 CFR 1.16(a))               |   |                        |                  |                    | \$                     | OR   |                    | s               |
| TOTAL CLAIMS<br>(37 CFR 1.16(c))            | minus 2                                 | 0 = *                  |                  | x \$=              |                        | OR   | x \$=              |                 |
| INDEPENDENT CLAIMS<br>(37 CFR 1.16(b))      | minus                                   | 3 = *                  |                  | x \$ =             |                        | OR   | x \$ =             |                 |
| MULTIPLE DEPENDENT C                        | LAIM PRESENT                            | (37 CFR 1.16(d))       |                  | +s =               |                        | OR   | +s =               |                 |
| If the difference in colum                  |   |                        | 2                | TOTAL              |                        | OR   | TOTAL              |                 |
|   |   |                        | ۷.               | TOTAL              |                        | , OK | TOTAL              |                 |
|   | IS AS AMENDE                            | ) – PART II            |                  |                    |                        |      |                    |                 |
| 1-160600                                    | Column 1)                               | (Column 2)             | (Column 3)       | SMALL E            | NTITY                  | OR   | OTHER<br>SMALL     |                 |
| <b>⋖   </b> RI                              | CLAIMS<br>EMAINING                      | HIGHEST<br>NUMBER      | PRESENT          | RATE               | ADDI-                  |      | RATE               | ADDI-           |
| Total * * * * * * * * * * * * * * * * * * * | AFTER<br>IENDMENT                       | PREVIOUSLY<br>PAID FOR | EXTRA            |                    | TIONAL<br>FEE          |      |                    | TIONAL<br>FEE   |
| Total *                                     | 10 Minus                                | 120                    | =                | x s=               |                        | OR   | x \$=              |                 |
| Z Independent *<br>LI (37 CFR 1.16(b))      | 3 Minus                                 | 3                      | = /              | x \$=              |                        | OR   | x \$=              |                 |
| FIRST PRESENTATION                          | N OF MULTIPLE DEPEN                     | DENT CLAIM (37 CF      | R 1.16(d))       | +\$ =              |                        | OR   | +5                 |                 |
|   |   |                        |                  | TOTAL<br>ADD'L FEE |                        | OR   | TOTAL<br>ADD'L FEE |                 |
|   |   | (2.1 5)                |                  | ADD L FEE          |                        | ı    | ADD L FEE          |                 |
| i i   | CLAIMS                                  | (Column 2)<br>HIGHEST  | (Column 3)       |                    |                        | 1    |                    |                 |
|   | EMAINING<br>AFTER                       | NUMBER<br>PREVIOUSLY   | PRESENT<br>EXTRA | RATE               | ADDI-<br>TIONAL        | 1    | RATE               | ADDI-<br>TIONAL |
| Z AM  | ENDMENT Minus                           | PAID FOR               | -                |                    | FEE                    |      |                    | FEE             |
| (37 CFR 1.16(c))                            | - Minus                                 |                        |                  | x \$=              |                        | QR   | x \$=              |                 |
| (37 CFR 1.16(b))                            | · |                        |                  | × \$=              |                        | OR   | x \$=              |                 |
| FIRST PRESENTATION                          | OF MULTIPLE DEPEN                       | DENT CLAIM (37 CF      | R 1.16(d))       | + \$=              |                        | OR   | + \$=              |                 |
|   |   |                        |                  | TOTAL<br>ADD'L FEE |                        | OR   | TOTAL<br>ADD'L FEE |                 |
| (C  | olumn 1)                                | (Column 2)             | (Column 3)       | _                  |                        | =    | •                  |                 |
|   | CLAIMS                                  | HIGHEST                | PRESENT          | DATE               | ADDI                   | 1    | DATE               | ADDI-           |
| z   L                                       | EMAINING<br>AFTER<br>ENDMENT            | PREVIOUSLY<br>PAID FOR | EXTRA            | RATE               | ADDI-<br>TIONAL<br>FEE |      | RATE               | TIONAL          |
| Total *                                     | Minus                                   | **                     | =                | x \$=              |                        | OR   | x \$=              | 1 66            |
| (37 CFR 1.16(c))                            | Minus                                   | ***                    | =                |                    |                        | 1    |                    |                 |
| <u> </u>                                    | NOE MULTIPLE DEPEND                     | DENT CLAIM (27.05      | P 1 16(d))       |                    |                        | OR   |                    |                 |
| - FIRST PRESENTATION                        | N OF MULTIPLE DEPEND                    | JENT CLAIM (37 CF      | ·K 1.10(0))      | + \$=<br>TOTAL     |                        | OR   | + \$=<br>TOTAL     |                 |
|   |   |                        |                  |                    |                        | OR   | ADD'L FEE          |                 |

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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| _                        | , 4                  |  |                    |  |                              |                                |        | ۱۹             | pplication                            | or Do | ocket Num             | ber                    |
|--------------------------|----------------------|--|--------------------|--|------------------------------|--------------------------------|--------|----------------|---------------------------------------|-------|-----------------------|------------------------|
|                          | PATENT A             | APPLICATIO<br>Effect   | N FEE DI           |  |                              | on recor                       | ID<br> | Ċ(             | 9944                                  | bu    | 18                    |                        |
|                          |                      | CLAIMS AS  | FILED -<br>(Column |  |                              | mn 2)                          | SMAL   | LEI            | MTTY                                  | OR    | OTHER<br>SMALL        |                        |
| TC                       | TAL CLAIMS           |  | 18                 |  |                              |                                | RA     | ſΕ             | FEE                                   |       | RATE                  | FEE                    |
| FOR                      |                      |  | NUMBER FILED       |  | NUMBER EXTRA                 |                                | BASIC  | FEE            | 355.00                                | OR    | BASIC FEE             | · 710.00·              |
| TOTAL CHARGEABLE CLAIMS. |                      |  | ( 8 mir            | nus 20= ' 🔏                            |                              |                                | X\$ 9= |                | •                                     | OR    | X\$18=                |                        |
| INDEPENDENT CLAIMS       |                      |  | 3 mi               | minus 3 = '&'                          |                              |                                | X40    | )=<br>)=       | . •                                   | ÓR    | XB0=                  | • •                    |
| MU                       | LTIPLE DEPEN         | DENT CLAIM PI  | RESENT             |  | •                            |                                | +13    | <u>.</u>       |                                       | OR    | +270=                 | •                      |
| • If                     | the difference       | in column 1 is   | less than ze       | ero, ente                              | r "0" in c                   | column 2                       | 101    |                | · -                                   | OR    | TOTAL                 | <del>.</del>           |
|                          | 1. / C               | LAIMS AS A   | MENDED             | - PAR                                  | TII                          | •                              |        | ٠.             | · · · · · · · · · · · · · · · · · · · | J O   | OTHER                 | THAN                   |
| $\overline{\mathbb{D}}$  | 2/16/05              | (Column 1)   |                    | (Colu                                  | mn 2)                        | (Column 3)                     | SM/    | LL             |                                       | OR    | SMALL E               |                        |
| AMENDMENT &              |                      | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                        | Record of          | HIGH<br>NUM<br>PREVIO<br>PAID          | BER<br>OUSLY                 | PRESENT<br>EXTRA               | RAT    | NE .           | ADDI-<br>TIONAL-<br>FÉÉ               |       | RATE                  | ADDI-<br>TIONAL<br>FEE |
| <u> </u>                 | Total                | . 16   | Minus .            | •• ,                                   | 16                           | -                              | XS     | 9 <del>-</del> |                                       | OR    | X\$18=                |                        |
| ME                       | Independent          | . 3  | Minus              | ***                                    | 3                            | =                              | X40    | ĭ              |                                       | OR    | X80=                  | . 1                    |
| <u>٠</u>                 | FIRST PRESE          | NTATION OF MI  | JLTIPLE DEI        | PENDENT                                | CLAIM                        |                                | +13    |                | ·                                     |       | +270=                 |                        |
| •                        |                      |  | :                  |  |                              |                                |        | )TAL           |                                       | OR    | TOTAL                 |                        |
|                          | •                    | (Oakses 1)   | - <u></u> .        | . :<br>(Calad                          |                              | (Column 3)                     | ADDIT. |                |                                       | OR    | ADDIT. FEE            |                        |
| AMENDMENT B              |                      | (Column 1) CLAIMS REMAINING AFTER AMENDMENT                      |                    | (Colyn<br>High<br>Num<br>PREVI<br>PAID | IESY<br>IBER<br>OUSLY        | PRESENT<br>EXTRA               | RAT    | Æ              | ADDI-<br>TIONAL<br>FEE                | 7     | RATE:                 | ADDI-<br>TIONAL<br>FEE |
|                          | Total ·              | •  | Minus              | /••                                    | <del> </del>                 | -                              | X\$    | 9=             |                                       | OR    | X\$18=                | :                      |
| AME                      | Independent          | NTATION OF M   | Minus              | 1 ***                                  | F (C) All A                  | <u> -</u>                      | X40    | <b>)=</b>      |                                       | OR    | X80=                  | ,                      |
|                          | FIRST PRESE          | NIAHON OF M  | JETIPLE VEI        | PERUEN                                 | CLAIM                        | السلسا                         | +13    | 5=             |                                       | OR    | +270=                 |                        |
| •                        |                      |  |                    |  |                              |                                | ADDIT. | YAL            |                                       | OR    | YOTAL<br>ADDIT, FEE   |                        |
|                          |                      | (Column 1)   | /                  | (Colu                                  | mn 2)                        | (Column 3)                     |        | ·              |                                       | •     |                       |                        |
| AMENDMENT C              |                      | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                        |                    | NUM<br>PREVI                           | HEST<br>MBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA               | RAT    | ΓĒ             | ADDI-<br>TIONAL<br>FEE                |       | RATE                  | ADDI-<br>TIONAL<br>FEE |
| MON                      | Total                | . /  | Minus              | ••                                     |                              | •                              | XS     | 9=             |                                       | OR    | X\$18=                |                        |
| ME                       | Independent          | • /  | Minus              | •••                                    |                              | -                              | X40    | )=             |                                       | OR    | X80=                  |                        |
|                          | FIRST PRESE          | ENTATION OF M  | ULTIPLE DE         | PENDEN                                 | T CLAIN                      |                                | +13    | <br>5= ^       |                                       | OR    | +270=                 |                        |
| •                        | If the entry in colu | mn 1 is less than 1<br>imper Previously P                        | he entry in col    | uma 2, writ                            | te 10° in o                  | olumn 3.<br>en 20. enter *20 * |        | YAL            | }                                     | OR    | TOTAL                 |                        |
| ••                       | If the Wilshart M    | imper Previously P<br>imper Previously Pa<br>inter Previously Pa | aid For IN TH      | IS SPACE                               | to loss th                   | an 3. enter "3."               | ADDIT. |                | propriate bo                          |       | ADDIT. FEE<br>Xumn 1. |                        |

Deal Wallania ask 1

## **Application or Docket Number** PATENT APPLICATION FEE DETERMINATION RECORD 09944648 Effective October 1, 2000 **CLAIMS AS FILED - PART I** SMALL ENTITY OTHER THAN (Column 1) TYPE [ SMALL ENTITY (Column 2) OR **TOTAL CLAIMS** RATE FEE RATE FEE BASIC FEE BASIC FEE 355.00 710.00 FOR NUMBER FILED NUMBER EXTRA P minus 20= TOTAL CHARGEABLE CLAIMS ø XS 9= X\$18= OR INDEPENDENT CLAIMS minus 3 = 6/ X80= X40= ÓR MULTIPLE DEPENDENT CLAIM PRESENT +135= +270= OR \* If the difference in column 1 is less than zero, enter "0" in column 2 TOTAL OR TOTAL CLAIMS AS AMENDED - PART II OTHER THAN OR SMALL ENTITY SMALL ENTITY (Column 1) (Column 2) (Column 3) HOHEST CLAIVS **ADDI-**ADDI-AMENDMENT A REMAINING NUMBER PRESENT TIONAL TIONAL: RATE RATE AFTER PREVIOUSLY EXTRA FEE FÉE AMENDMENT PAID FOR X\$18-Total Minus X\$ 9= OR Independent Minus • X80= X40-**OB** FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +270± +135= OR TOTAL ADDIT. FEE ADDIT FEE (Column 1) (Column 2) (Column 3) CIAIVE ADDI-ADDI-8 REMAINING NUMBER PRESENT RATE TIONAL RATE: TIONAL PREVIOUSLY AFTER EXTRA PAID FOR FEE FEE MENDMENT Minus Total X\$ 9= X\$18= OR Independent Minus = X80= X40= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +270= +135= OR TOTAL OR ADDIT, FEE ADDIT. FEE (Column 1) (Column 2) (Column 3) HICHEST CLAIMS ADDI-ADDI-Ç NUMBER REMAINING PRESENT MENDMENT PREVIOUSLY TIONAL RATE TIONAL RATE **AFTER** EXTRA PAID FOR MENDMENT FEE FEE Minus

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

Minus

" If the entry in column 1 is less than the entry in column 2, write "O" in column 3, "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

FORM PTO-675 (Rev. 8/00)

Total

Independent

Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE "U.S. GPC: 2000-440-706/30103 ٠,

OR

OR

OR

OR

XS 9-

X40=

+135=

ADDIT. FEE

TOTAL

X\$18=

X80=

+270=

ADDIT, FEE

TOTAL